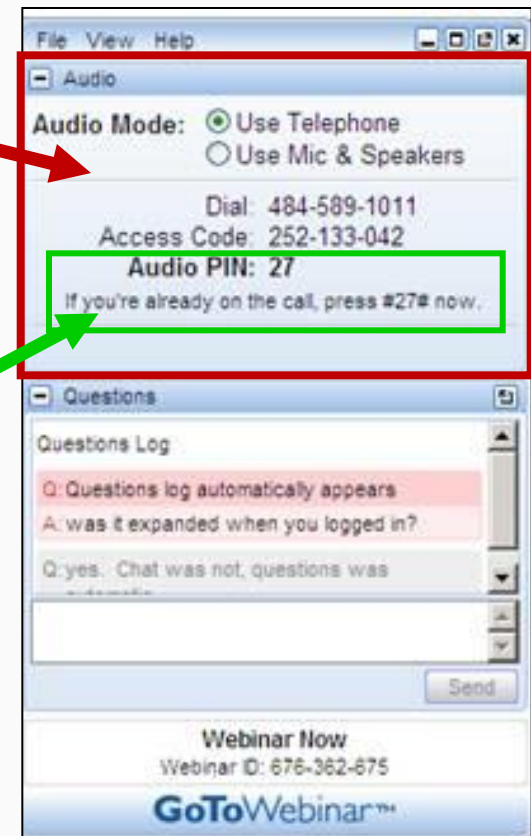


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***Please remember to mute your phones***

Let's Get Healthy California Task Force

# LET'S GET HEALTHY CALIFORNIA TASK FORCE

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Task Force and Expert Advisor Group Meeting

Dr. Kenneth Kizer MD, MPH

July 17, 2012



Let's Get Healthy California Task Force



# OVERVIEW OF TASK FORCE CHARGE AND TIMING

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Diana Dooley, Secretary  
California Health and Human Services Agency  
Patricia E. Powers, Director  
Let's Get Healthy California Task Force



Let's Get Healthy California Task Force



# Executive Order B-19-12

- Prepare a 10-year plan that will:
  - Improve the health of Californians
  - Control health care costs
  - Promote personal responsibility for health
  - Advance health equity
  - Not involve additional government spending
- Key Plan Components
  - Establish baselines for key health indicators and standards for measuring improvement over a 10-year period
  - Seek to reduce diabetes, asthma, childhood obesity, hypertension, sepsis-related mortality, hospital readmissions within 30-days of discharge, and increase the number of children receiving recommended vaccinations by age three
  - Identify obstacles for better health care



# The Charge




*“What will it take for California  
to be the healthiest state  
in the nation?”*

Diana Dooley, Secretary  
California Health and Human Services Agency  
June 11, 2012



Let's Get Healthy California Task Force

# Maryland Health Improvement Process

Vision Area	SHIP Objectives
 <p>Healthy Babies</p>	1. Increase Life Expectancy
	2. Reduce infant deaths
	3. Reduce low birth weight (LBW) & very low birth weight (VLBW)
	4. Reduce sudden unexpected infant deaths (SUIDs)
	5. Increase the proportion of pregnancies that are intended
	6. Increase the proportion of pregnant women starting prenatal care in the first trimester
 <p>Healthy Social Environments</p>	7. Reduce child maltreatment
	8. Reduce the suicide rate
	9. Decrease the rate of alcohol-impaired driving fatalities
	10. Increase the proportion of students who enter kindergarten ready to learn
	11. Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade
	12. Reduce domestic violence
 <p>Safe Physical Environments</p>	13. Reduce blood lead levels in children
	14. Decrease fall-related deaths
	15. Reduce pedestrian injuries on public roads
	16. Reduce Salmonella infections transmitted through food
	17. Reduce hospital emergency department visits from asthma
	18. Increase access to healthy food
	19. Reduce the number of days the Air Quality Index (AQI) exceeds 100



# Oregon's Health Improvement Plan

## Oregon Health Improvement Plan Committee Proposed Population Health Measures

Measure	Data Source(s)	Available For				
		Child	Adult	Race/ Ethnicity	County	
OVERALL MEASURES						
	Good or excellent health status (physical and mental)	BRFSS; OHT; OSWS	X	X	X	X
	Premature Death	CHS	-	-	X	X
GOAL I: Achieve health equity and population health by improving social, economic and environmental factors.						
Educational attainment	Participation in early childhood education	ODE	X	-	-	-
	Oregon high school graduation	ODE	-	X	X	-
	Post secondary degree	ACS	-	X	X	X
GOAL II: Prevent chronic diseases by reducing obesity prevalence, tobacco use, and alcohol abuse.						
Overarching	Tobacco and obesity-related chronic disease burden (e.g. cancer, cardiovascular disease, diabetes, asthma, arthritis)	BRFSS	-	X	X	X
	Consumption of tobacco, alcohol, and sugar-sweetened beverages	Department of Revenue; OLCC		Statewide Only		
Tobacco	Tobacco use	BRFSS; OHT, Birth file	X	X	X	X
Obesity	Obesity (BMI)	BRFSS; OHT; PedNSS	X	X	X	X
	Soda/sugar sweetened beverages	BRFSS; OHT; PRAMS-2	X	X	X	X
	Physical activity meeting CDC recommendations	BRFSS; OHT	X	X	X	X
Alcohol abuse	Heavy drinking	BRFSS; OHT; OSWS	X	X	X	X
GOAL III: Stimulate public health, community, and health system linkages, innovation and integration that increase coordination and						
Communities	Participation in evidence-based chronic disease self-management programs					
	- Living Well with Chronic Conditions	LWD	-	X	X	X
	Health collaborative established and tracking health outcomes	Special Survey	-	-	-	X
Health Departments	Community health assessment done in collaboration with local health departments and hospitals	Special Survey	-	-	-	X
	State/local health departments applying for accreditation*	Special Survey	-	-	-	X
Health Systems	Hospital readmissions	HDI	See Incentives and Outcomes Report			
	Preventable hospital admissions	HDI	See Incentives and Outcomes Report			



# How to Achieve Task Force Charge

- Select priorities for four areas: Prevention and Population Health; Quality Improvement; Access and Coverage; Affordability and Cost
- Establish baseline and target performance indicators for each priority
- Develop recommendations for how targets will be achieved





# Consensus Approach

- Majority rules
- SurveyMonkey polls will follow each webinar
- Staff to summarize Task Force/Expert Advisor priorities
  - Discuss on September 12<sup>th</sup> webinar
  - Present to Task Force to vote on September 28<sup>th</sup>



# Guiding Principles

- (1) All recommendations shall be based on the best available evidence.
- (2) Addressing the challenges will require recognition of policies emphasizing the important roles that education, housing, transportation, the workplace, and other sectors play in promoting healthy individuals living in healthy communities.
- (3) Particular focus should be given to reducing the inequalities in health status and health care focusing on vulnerable populations and communities in the state.



# Guiding Principles

- (4) The recommendations should aim to control health care costs and be fiscally prudent.
- (5) The recommendations should include opportunities to promote personal responsibility for individual health.
- (6) The recommendations should consider the strategies for implementation, sustainability over time, and diffusion and spread throughout the state.



# Guiding Principles

- (7) All recommendations should have associated with them performance indicators to assess degree of achievement over time.
- (8) The recommendations should serve as a long-run agenda for the state that transcends changes in public and private sector leadership while taking into account that as some of the objectives are achieved and sustained, they may be replaced by other objectives, and that changes in leadership also bring fresh new perspectives for making California the healthiest state in the nation.



# Today's Webinar

- Discuss presented priorities
- Answer a few polling questions
- Identify 3-5 priorities



# Timeline

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4							1
8	9	10	11	12	13	14	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28	29	30	31		23	24	25	26	27	28	29
														30						

<b>Key:</b>	Expert Advisor and Task Force Webinar	Task Force and Expert Advisor Meeting	Task Force and Expert Advisor Report Release	Stakeholder Teleconference with Secretary Dooley
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# Timeline

October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6					1	2	3							1	
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	
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28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	
														30	31						
Key:		Expert Advisor and Task Force Webinar					Task Force and Expert Advisor Meeting					Task Force and Expert Advisor Report Release					Stakeholder Teleconference with Secretary Dooley				



# PREVENTION FRAMEWORK & TARGETS

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Dr. Ron Chapman, MD, MPH, Director  
California Department of Public Health  
(CDPH)

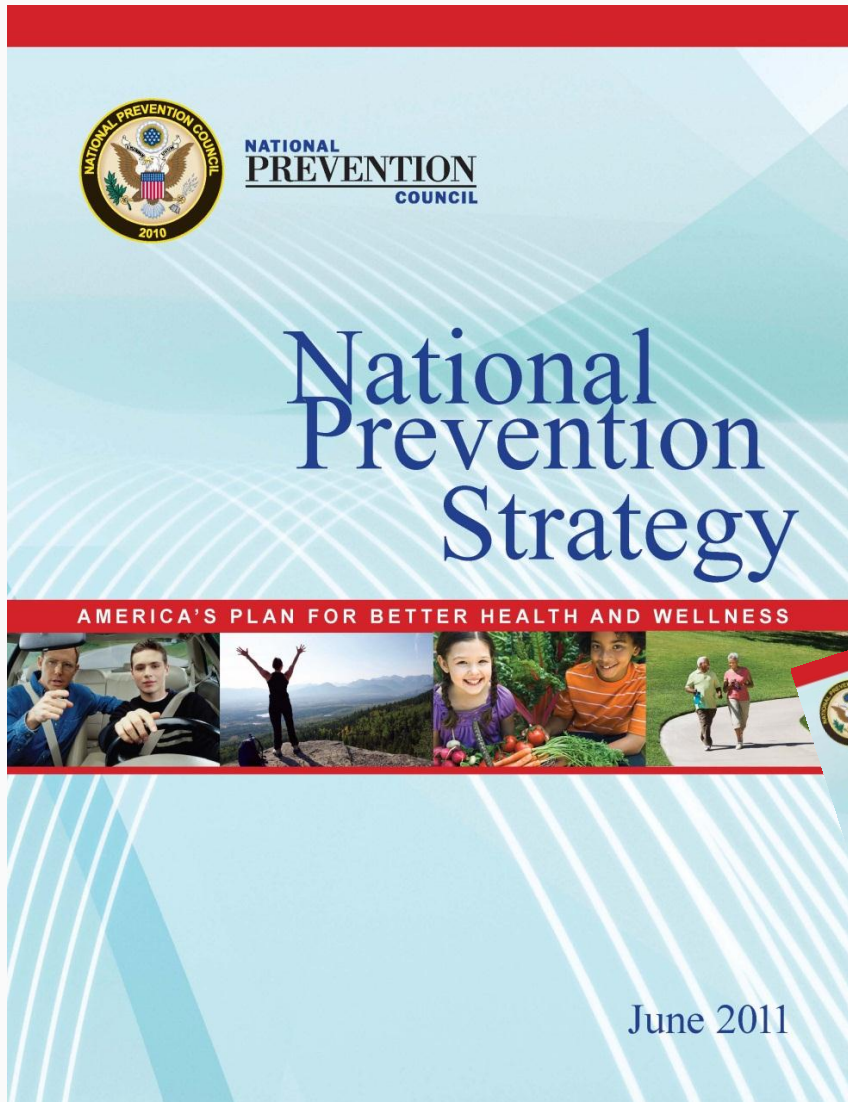


Let's Get Healthy California Task Force



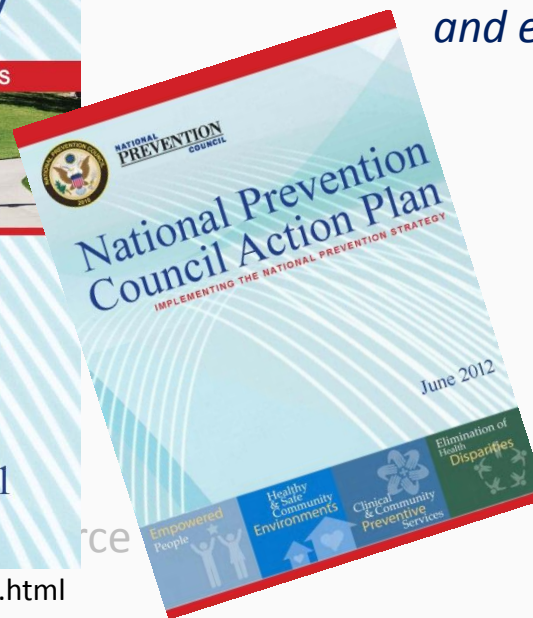


# Framework for Let's Get Healthy California



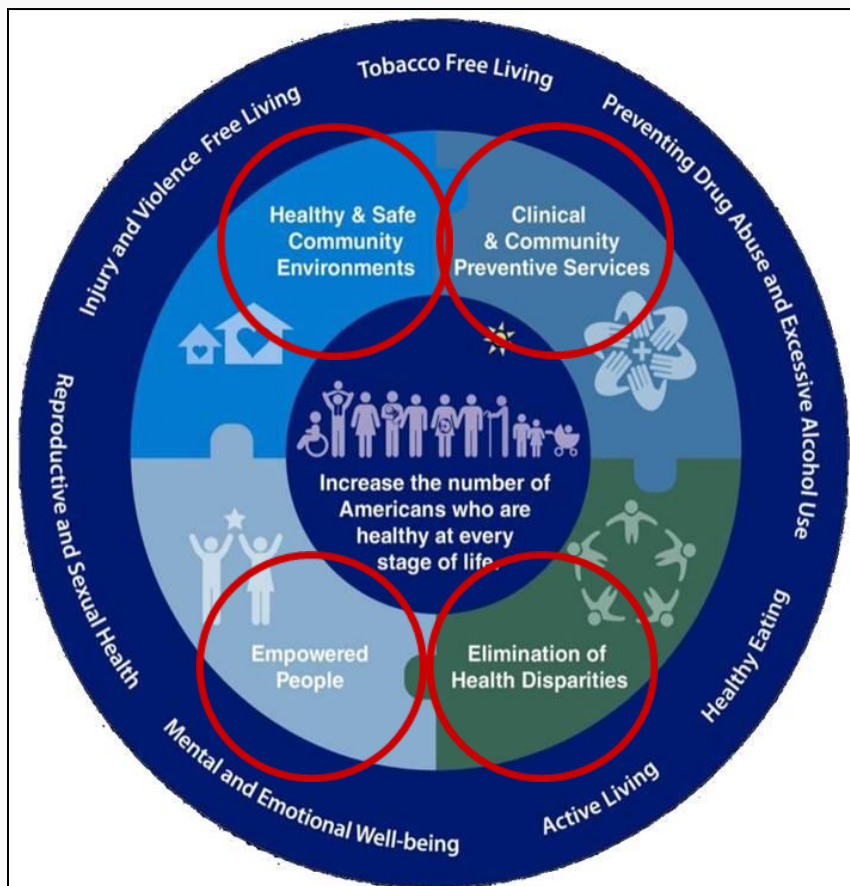
*“...moving the nation from a focus on **sickness and disease** to one based on **prevention and wellness**.”*

*Many of the strongest predictors of health and well-being fall outside the health care setting. Social, economic and environmental factors all influence health.*



ce

# National Prevention Strategy (NPS)



- **4 Strategic Directions**
- **7 Priority Areas**
  - Tobacco Free Living
  - Healthy Eating
  - Active Living
  - Injury & Violence Prevention
  - Mental & Emotional Well-being
  - Reproductive/Sexual Health
  - Drug & Excessive Alcohol Abuse Prevention



# Rationale for the NPS Framework

1

- Aligns CA with national prevention efforts

2

- Increases ability to leverage federal funding

3

- Amplifies the prevention message by creating a “common language” for stakeholders

4

- Can be tailored to California

5

- Links to the National Quality Strategy



# Let's Get Healthy California Proposed Plan Framework



Tobacco Free  
Living



Healthy Eating



Active Living



Injury &  
Violence Free  
Living



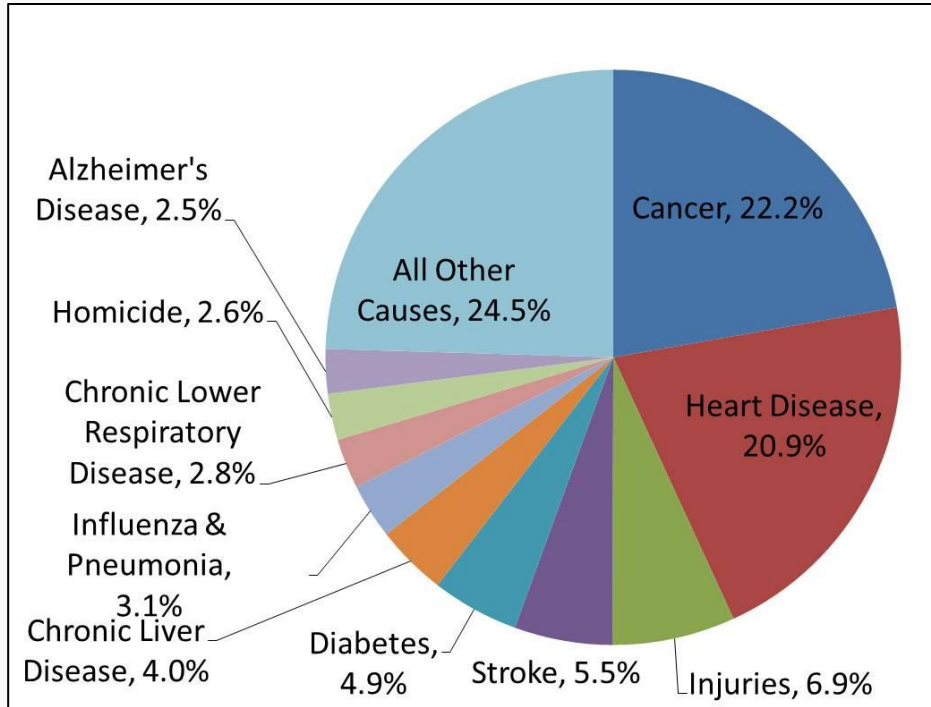
Immunizations

**NPS and California-Specific Indicators are Proposed  
for these NPS Priority Areas + Immunizations**



# Rationale for the Priority Areas Selected

## Leading Causes of Death, CA., 2009



- Up to 80% of heart disease, stroke, and diabetes; and over 30% of cancers could be prevented by eliminating tobacco use, unhealthful diet, inactivity, and harmful use of alcohol
- Consistency with areas identified in the Executive Order
- Alignment with the National Quality Strategy





# NPS Nexus with the Executive Order



## Tobacco Free Living

- Reduce Hypertension
- Reduce Asthma

## Healthy Eating

- Reduce Diabetes
- Reduce Hypertension
- Reduce Childhood Obesity

## Active Living

- Reduce Diabetes
- Reduce Hypertension
- Reduce Childhood Obesity
- Reduce Asthma

## Injury and Violence Free Living

- Reduce Sepsis-related Mortality
- Reduce Diabetes

## Immunizations

- Increase Children Vaccinated by age 3



# Why use the Modified NPS vs. County Health Rankings?

- More robust selection of chronic-disease indicators to choose from
- Better alignment with the Executive Order
- Linkage to the overall national prevention strategy helps create critical mass and leverages federal funding



Let's Get Healthy California Task Force

# Polling Question

1. To what extent do you support using the modified National Prevention Strategy framework as the basis of the Let's Get Healthy California plan?





# Data Disclaimer for Proposed Indicators

- There may be differences in indicators between national, state, and county data sets based on:
  - How questions are asked (e.g., Were you advised by a *health care provider* to quit smoking? vs. Were you advised by your *doctor* to quit smoking?)
  - Year data collected
  - Frequency of data collection
- Similar indicators will be selected for comparison and the trends tracked over time
- Pink shaded indicators have comparable indicators in the County Health Ranking system



# Tobacco Free Living: NPS Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)	20.6%	12.0%	<b>12% (2011)</b>	<b>8%</b>
Proportion of adolescents who smoked cigarettes in the past 30 days	19.5%	16.0%	<b>13.8% (2010)</b>	<b>8%</b>
Proportion of youth aged 3 to 11 years exposed to secondhand smoke* <b>(Data Not Available (N/A))</b>	52.2%	47.0%	<b>N/A</b>	<b>---</b>



# Tobacco Free Living: CA-Specific Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Proportion of the population protected by smoke-free Multi-unit Housing policies	0.8%	N/A	<b>6.4% (2012)</b>	<b>19.2%</b>
Percentage of the adults exposed to secondhand smoke at work in the past seven days	14.7%	N/A	<b>12.9% (2011)</b>	<b>10.3%</b>
Percentage of high school students exposed to secondhand smoke in the home in the past seven days	8.6%	N/A	<b>19.4% (2010)</b>	<b>15.5%</b>
Percent of youth who see advertisements for cigarettes or chewing tobacco sometimes or a lot when they go to sports events, fairs, or community events	N/A	N/A	<b>38.9% (2010)</b>	<b>31.1%</b>
Percentage of smokers advised by their doctor to quit smoking in the last 12 months*	48.3%	N/A	<b>68.3% (2011)</b>	<b>82.0%</b>



# Healthy Eating: NPS Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Proportion of adults who are obese	34.0%	30.6%	<b>24.7% (2010)</b>	<b>22.2%</b>
Proportion of children who are 2-5 years of age who are obese	10.7%	9.6%	<b>12.4% (2009)</b>	<b>11.1%</b>
Proportion of children who are 6-11 years of age who are obese	12.2%	17.9%	<b>12.2% (2009)</b>	<b>11.0%</b>
Proportion of adolescent who are 12-19 years of age who are obese	17.0%	16.1%	<b>18.0% (2009)</b>	<b>17.1%</b>



# Healthy Eating : NPS Indicators (cont.)

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Average daily sodium <b>consumption</b> in the population	3,641 mg	2,300 mg	N/A	N/A
Average number of infections caused by salmonella species transmitted commonly through food	15.2 cases per 100k populati on	11.4 cases per 100k populati on	13.0 cases per 100k populati on (2010)	9.8
Proportion of infants who are breastfed exclusively through 6 months*	14.1%	25.5%	25.7% (2008)	46.5%



# Healthy Eating: CA-Specific Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Adults who have consumed fruits and vegetables five or more times per day	23.4%	N/A	<b>27.7% (2009)</b>	<b>37.4%</b>
Adolescents who have consumed fruits and vegetables five or more times per day	22.3%	N/A	<b>19.9% (2009)</b>	<b>23.9%</b>
Farmers Markets per 100,000 population	1.7	N/A	<b>1.4 (2009)</b>	<b>1.8</b>
Adolescents who drank 2 or more glasses of soda or other sugary drink yesterday	19.7%	N/A	<b>27.3% (2009)</b>	<b>13.3%</b>
Prevalence of household-level food insecurity	14.6%	N/A	<b>15.9% (2008-2010)</b>	<b>14.3%</b>



# Active Living : NPS Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Proportion of adults who meet physical activity guidelines for aerobic physical activity	43.5%	47.9%	51.3% (2009)	53.9%
Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	18.4%	20.2%	47.4% 4 to 7 days per week (2009)	49.8%
Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours*	28.8%	31.7%	58 % (2008)	58%
Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work	8.7%	20.0%	8.8% (2010)	9.7 %



# Injury & Violence Free Living: NPS Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
Rate of fatalities due to alcohol impaired driving*	0.40 deaths per 100 mil vehicle miles traveled	0.38 deaths per 100 mil vehicle miles traveled	0.25 deaths per 100 mil vehicle miles traveled (2010)	0.24 deaths per 100 mil vehicle miles traveled
Rate of fall-related deaths among adults age 65 and older	45.3 deaths per 100,000 population	45.3 deaths per 100,000 population	37.5 deaths per 100,000 population (2010)	37.5 deaths per 100,000 population
Rate of homicides	6.1 homicides per 100,000 population	5.5 homicides per 100,000 population	4.7 homicides per 100,000 population (2010)	4.2 homicides per 100,000 population
Rate of motor vehicle crash-related deaths	13.8 deaths per 100,000 population	12.4 deaths per 100,000 population	6.9 deaths per 100,000 population (2010)	6.2 deaths per 100,000 population



# Immunizations: CA Specific Indicators

Key Indicators (County level data are available unless noted by an *)	U.S. Current	U.S. 10-Year Target	CA Current	Draft CA 10-Year Target
All doses of recommended vaccines (DTaP, IPV, MMR, Hib, Hep B, VZV, PCV) for children 19-35 months old*	70%	80%	<b>68%</b> (2010)	<b>80%</b>
Rate of personal belief exemptions to immunizations required for entry into kindergarten	N/A	N/A	<b>2.4%</b> (2011)	<b>1.2%</b>
Percentage of children 0- 5 years of age who have 2 or more doses of vaccine recorded in the immunization registry*	N/A	N/A	<b>52%</b> (2011)	<b>90%</b>



# Polling Questions

2. Do you believe there are very important indicators that are missing?
3. If county level data is not available for an indicator, do you support eliminating the indicator?



# Next Steps

- SurveyMonkey to develop consensus on the indicators & targets
- Consider what strategies will it take to reach the targets?
  - Evidence-based
  - Adaptation of “California’s groundbreaking tobacco-control efforts”
  - Integration of the “health in all” policies approach
  - How to accelerate the rate of change in communities with the greatest health disparities
  - Countering the powerful counter-forces to healthy behaviors (industries)



# TASK FORCE AND EXPERT ADVISOR DISCUSSION

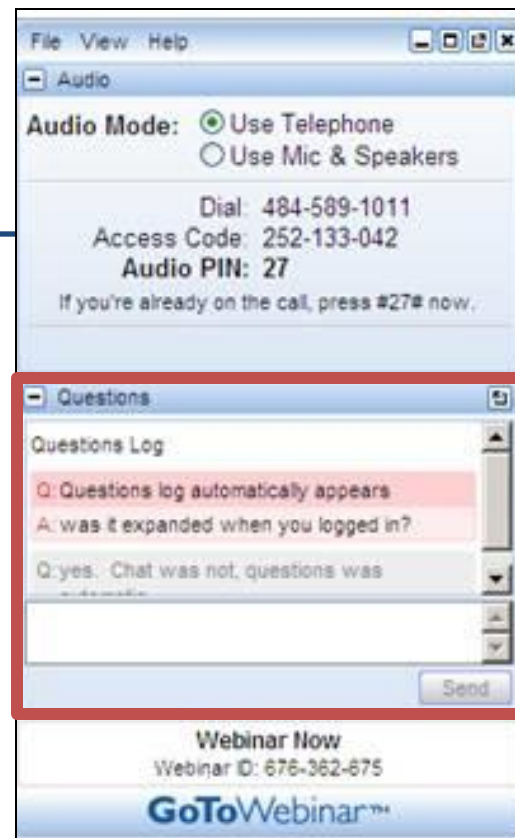
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Let's Get Healthy California Task Force

# OPPORTUNITY FOR STAKEHOLDER COMMENT

Please type comments into the  
“Questions” feature and click the  
Send button.



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